

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013511

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347

Primary Registration District No. 500

Registrar's No. 958

FILED MAR 27 1962

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Rev. 4/5914000
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nurs. Home				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Woodson Terrace d. STREET ADDRESS (If outside, give location) 9243 Macon Ave.			
3. NAME OF DECEASED (Type or print) First JESSE Middle JESSEN Last HJORT ALSO KNOWN AS JESSE				4. DATE OF DEATH Month March Day 19 Year 1962			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-17-1885 9. AGE (last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Webster Groves, Mo.	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Matt Jessen Hjort				13b. MOTHER'S MAIDEN NAME Helen Boysen		14. NAME OF HUSBAND OR WIFE Rose Jessen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Kirkwood 22, Missouri Charles Jessen-412 Lee Ave.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Dilatation DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 6 days Don't know " "
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:21 a.m. Month, Day, Year 1/21/62				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Box 122 Manchester, Mo.				20f. CITY, TOWN, OR LOCATION Kirkwood 22, Missouri			
21. I attended the deceased from 12:30 to 3:17 and last saw her alive on 3-17-62				21. I attended the deceased from 12:30 to 3:17 and last saw her alive on 3-17-62			
22a. SIGNATURE Rafael W. Laffey (Degree or title)				22b. ADDRESS Box 122 Manchester, Mo.		22c. DATE SIGNED 3-20-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-22-1962		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		23d. LOCATION (City, town, or county) Kirkwood 22, Mo.	
24. FUNERAL DIRECTOR Pfritzing Mort-Kirkwood 22, Mo.				25. DATE RECD. BY LOCAL REG. 3-23-62		26. REGISTRAR'S SIGNATURE John C. Murphy	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Don E. Hoffman

Licensed Embalmer No.

4366

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.